Case 17-03761 Doc 1 Filed 02/09/17 Entered 02/09/17 11:13:59 Desc Main Document Page 1 of 54

| Fill in this information to identify your case: | | |
|---|-------------------------------|---------------------------------|
| United States Bankruptcy Court for the: | | |
| NORTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION | | |
| Case number (if known) | Chapter you are filing under: | |
| | ☐ Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | ■ Chapter 13 | Check if this an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint* case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pai | t 1: | Identify Yourself | | |
|-----|-----------------------|--|--|---|
| | | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | You | r full name | | |
| | your pictu exan | e the name that is on government-issued tre identification (for nple, your driver's se or passport). | Roy First name L. Middle name | First name |
| | iden | g your picture tification to your meeting the trustee. | Wiley Last name and Suffix (Sr., Jr., II, III) | Last name and Suffix (Sr., Jr., II, III) |
| 2. | | other names you have d in the last 8 years | | |
| | | de your married or len names. | | |
| 3. | you num Indi | r the last 4 digits of r Social Security ber or federal vidual Taxpayer tification number | xxx-xx-9491 | |
| | | | | |

Case 17-03761 Doc 1 Filed 02/09/17 Entered 02/09/17 11:13:59 Desc Main Document Page 2 of 54

| De | wiley, Roy L. | | Case number (if known) | | | |
|----|---|---|--|--|--|--|
| | | | | | | |
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): | | | |
| 4. | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years | ■ I have not used any business name or EINs. | □ I have not used any business name or EINs. | | | |
| | Include trade names and doing business as names | Business name(s) | Business name(s) | | | |
| | | EINs | EINs | | | |
| 5. | | 12329 S Bishop St | If Debtor 2 lives at a different address: | | | |
| | • | Calumet Park, IL 60827-5705 | Tigets of the control | | | |
| | | Number, Street, City, State & ZIP Code | Number, Street, City, State & ZIP Code | | | |
| | | Cook | a Militaria a subseta de la compania de la comp a compania de la compania del compania del compania de la compania del compa | | | |
| | | County | County | | | |
| | • | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it is here. Note that the court will send any notices to this mailing address. | | | |
| | | Number, P.O. Box, Street, City, State & ZIP Code | Number, P.O. Box, Street, City, State & ZIP Code | | | |
| 6. | Why you are choosing this district to file for | Check one: | Check one: | | | |
| | bankruptcy | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | | | |
| | | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | I have another reason. Explain. (See 28 U.S.C. § 1408.) | | | |
| | | | | | | |

Case 17-03761 Doc 1 Filed 02/09/17 Entered 02/09/17 11:13:59 Desc Main Document Page 3 of 54

| Debtor 1 Wiley, Roy L. | | | Case number (if known) | | | | | |
|------------------------|---|---------------|------------------------|--|--|--|--|--|
| | | | | | | | | |
| Par | t 2: Tell the Court About | our Bank | ruptcy Ca | ISO · | | | | |
| 7. | The chapter of the Bankruptcy Code you are | | | | escription of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form of page 1 and check the appropriate box. | | | |
| | choosing to file under | ☐ Chap | ter 7 | | | | | |
| | | ☐ Chap | ter 11 | | | | | |
| | | ☐ Chap | ter 12 | | | | | |
| | | ■ Chap | ter 13 | | | | | |
| | How you will pay the fee | | ill may the | antina foo when I file | www.modifica | with the sloute office is very least equation may detail. | | |
| 8. | now you will pay the lee | abo | out how yo | e entire fee when I file my petition. Please check with the clerk's office in your local court for more details ou may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money or sey is submitting your payment on your behalf, your attorney may pay with a credit card or check with a address. | | | | |
| | | | | y the fee in installments (Official Fe | | n, sign and attach the Application for Individuals to Pay The | | |
| | | not | required t | o, waive your fee, and | may do so only if your incom | only if you are filing for Chapter 7. By law, a judge may, but is the is less than 150% of the official poverty line that applies to | | |
| | · | | | | | s). If you choose this option, you must fill out the Application and file it with your petition. | | |
| | Have you filed for | | | | | | | |
| 9. | Have you filed for bankruptcy within the last 8 years? | ■ No. | | | | | | |
| | o youro. | — 163. | District | | When | Case number | | |
| | | | District | | When | Case number | | |
| | | | District | | When | Case number | | |
| | | | | | | | | |
| 10. | Are any bankruptcy cases pending or being filed by | ■ No | | | • | | | |
| | a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | ☐ Yes. | | | | | | |
| | | | Debtor | | | Relationship to you | | |
| | | | District | | When | Case number, if known | | |
| | | | Debtor | <u> </u> | | Relationship to you | | |
| | | | District | | When | Case number, if known | | |
| 11. | Do you rent your | ■ No. | Go to | line 12. | | | | |
| | residence? | ☐ Yes. | Has yo | our landlord obtained a | n eviction judgment against y | you and do you want to stay in your residence? | | |
| | | | | No. Go to line 12. | - | | | |
| | | | | | tement About an Eviction J | udgment Against You (Form 101A) and file it with this | | |
| | | | | | | | | |

Case 17-03761 Doc 1 Filed 02/09/17 Entered 02/09/17 11:13:59 Desc Main Document Page 4 of 54

| Deb | otor 1 Wiley, Roy L. | | · | Case number (if known) | |
|---|--|------------|--|---|------------|
| | | | | | |
| ar | Report About Any Bu | sinesses ' | You Own as a Sole Proprie | etor | |
| • | Are you a sole proprietor of any full- or part-time business? | ■ No. | Go to Part 4. | | ٠. |
| | | ☐ Yes. | Name and location of b | usiness | |
| | A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. | | Name of business, if an | y | _ |
| | If you have more than one sole proprietorship, use a separate sheet and attach it | | Number, Street, City, S | tate & ZIP Code | |
| | to this petition. | | Check the appropriate b | pox to describe your business: | |
| | | | ☐ Health Care Bus | siness (as defined in 11 U.S.C. § 101(27A)) | |
| | | | ☐ Single Asset Re | al Estate (as defined in 11 U.S.C. § 101(51B)) | |
| | | | ☐ Stockbroker (as) | defined in 11 U.S.C. § 101(53A)) | |
| | | | ☐ Commodity Brok | rer (as defined in 11 U.S.C. § 101(6)) | |
| | | | ☐ None of the abo | ve | |
| Chapter 11 of the deadlines. If you indicate that you are a small | | | s. If you indicate that you are is, cash-flow statement, and | court must know whether you are a small business debtor so that it can set app a small business debtor, you must attach your most recent balance sheet, stater federal income tax return or if any of these documents do not exist, follow the pro- | ment of |
| | For a definition of small | ■ No. | I am not filing under Ch | apter 11. | |
| | business debtor, see 11 U.S.C. § 101(51D). | □ No. | I am filing under Chapte Code. | er 11, but I am NOT a small business debtor according to the definition in the E | Bankruptcy |
| | | ☐ Yes. | I am filing under Chapte | er 11 and I am a small business debtor according to the definition in the Bankri | uptcy Code |
| :Ir | t 4: Report if You Own or | Have Any | Hazardous Property or A | ny Property That Needs Immediate Attention | |
| | Do you own or have any | ■ No. | | | |
| | property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or | ☐ Yes. | What is the hazard? | | |
| | safety? Or do you own any property that needs immediate attention? | | If immediate attention is needed, why is it needed? | | 9 |
| | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs? | | Where is the property? | | |
| | | | | Number, Street, City, State & Zip Code | |
| | | | | | |

Case 17-03761 Doc 1 Filed 02/09/17 Entered 02/09/17 11:13:59 Desc Main Document Page 5 of 54

| Debtor 1 Wiley, Roy L. | | | | | Case number (if known) | | | | | | |
|------------------------|---|----------|---|--|---|--|---|--|--|--|---|
| Pari | 5: Explain Your Efforts t | to Re | ceive a Briefing About Credit Counseling | | _ | | | | | | |
| 45 | Tall the count of ather | | out Debtor 1: | | out Debtor 2 (Spouse Only in a Joint Case): | | | | | | |
| 15. | Tell the court whether you have received a briefing about credit counseling. | T | must check one: I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion. | | must check one: I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion. | | | | | | |
| | The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You | | Attach a copy of the certificate and the payment plan, if any, that you developed with the agency. | | Attach a copy of the certificate and the payment plan, if any, that you developed with the agency. | | | | | | |
| | must truthfully check one of the following choices. If you cannot do so, you are not eligible to file. | | I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion. | | I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion. | | | | | | |
| | If you file anyway, the court can dismiss your case, you will lose whatever filling fee | | Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any. | | Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any. | | | | | | |
| | you paid, and your creditors can begin collection activities again. | ors | I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement. | | I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement. | | | | | | |
| | | | To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this | | To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case. | | | | | | |
| | | | | | case. Your case may be dismissed if the court is | | Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. | | | | |
| | | | dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, | | If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed. | | | | | | |
| | | | if any. If you do not do so, your case may be dismissed. Any extension of the 30-day deadline is granted only | | Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days. | | | | | | |
| | | | | | | | | | for cause and is limited to a maximum of 15 days. I am not required to receive a briefing about credit counseling because of: | | I am not required to receive a briefing about credit counseling because of: |
| | | | Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances. | | Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances. | | | | | | |
| | | | Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so. | | Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so. | | | | | | |
| | | | Active duty. I am currently on active military duty in a military combat zone. | | Active duty. I am currently on active military duty in a military combat zone. | | | | | | |
| | | | If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court. | | If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court. | | | | | | |

Case 17-03761 Doc 1 Filed 02/09/17 Entered 02/09/17 11:13:59 Desc Main Document Page 6 of 54

| Deb | tor 1 Wiley, Roy L. | | | Case number (if known) | | | | |
|------|--|--|--|---|--|--|--|--|
| Par | 6: Answer These Question | ons for Rep | orting Purposes | | | | | |
| 16. | What kind of debts do you have? | | Are your debts primarily consundividual primarily for a personal, | | efined in 11 U.S.C.§ 101(8) as "incurred by an | | | |
| | | 1 | ☐ No. Go to line 16b. | | | | | |
| | | 1 | Yes. Go to line 17. | | | | | |
| | | | Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. | | | | | |
| | | [| ☐ No. Go to line 16c. | | | | | |
| | | [| ☐ Yes. Go to line 17. | | | | | |
| | | 16c. S | State the type of debts you owe that | at are not consumer debts or busines | ss debts | | | |
| 17. | Are you filing under Chapter 7? | ■ No. I | am not filing under Chapter 7. G | o to line 18. | | | | |
| | Do you estimate that after any exempt property is excluded and | | | u estimate that after any exempt prop distribute to unsecured creditors? | perty is excluded and administrative expenses are | | | |
| | administrative expenses | 1 | □ No | | | | | |
| | are paid that funds will be available for distribution to unsecured creditors? | [| □Yes | | | | | |
| 18. | How many Creditors do | 1 -49 | | ☐ 1,000-5,000 | ☐ 25,001-50,000 | | | |
| | you estimate that you owe? | □ 50-99 | | 5001-10,000 | 50,001-100,000 | | | |
| | □ 100-199 □ 200-999 | | | □ 10,001-25,000 | ☐ More than100,000 | | | |
| 19. | 19. How much do you | | ,000 | ☐ \$1,000,001 - \$10 million | □ \$500,000,001 - \$1 billion | | | |
| | estimate your assets to be worth? | | - \$100,000 | \$10,000,001 - \$50 million | □ \$1,000,000,001 - \$10 billion | | | |
| | | \$100,001 - \$500,000 \$500,001 - \$1 million | | □ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million | ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion | | | |
| | | □ \$500,00 | 1 - \$1 million | | - Wore than \$50 billion | | | |
| 20. | How much do you | □ \$0 - \$50 | | ☐ \$1,000,001 - \$10 million | ☐ \$500,000,001 - \$1 billion | | | |
| | estimate your liabilities to be? | | - \$100,000 | □ \$10,000,001 - \$50 million | \$1,000,000,001 - \$10 billion | | | |
| | | | 1 - \$500,000 | □ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million | ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion | | | |
| | | \$500,00 | 1 - \$1 million | | - Wore train \$50 billion | | | |
| Pari | 7: Sign Below | | | | | | | |
| For | you | I have exam | nined this petition, and I declare un | nder penalty of perjury that the inform | nation provided is true and correct. | | | |
| | | If I have ch States Cod | osen to file under Chapter 7, I ar e. I understand the relief available | n aware that I may proceed, if eligib under each chapter, and I choose to | ole, under Chapter 7, 11,12, or 13 of title 11, United or proceed under Chapter 7. | | | |
| | | | ey represents me and I did not pay ed and read the notice required by | | t an attorney to help me fill out this document, I | | | |
| | | I request re | lief in accordance with the chapt | er of title 11, United States Code, s | pecified in this petition. | | | |
| | | case can re | sult in fines up to \$250,000, or in | ealing property, or obtaining money o prisonment for up to 20 years, or bo | or property by fraud in connection with a bankruptcy th. 18 U.S.C. §§ 152, 1341, 1519, and 3571. | | | |
| | | Roy L. W Signature | iley | Signature of De | btor 2 | | | |
| | | Executed o | | Executed on | | | | |
| | | | MM / DD / YYYY | | MM / DD / YYYY | | | |

Case 17-03761 Doc 1 Filed 02/09/17 Entered 02/09/17 11:13:59 Desc Main Document Page 7 of 54

| Debtor 1 Wiley, Roy L. | | Case | Case number (if known) | | | |
|---|--|-----------------------------|--|--|--|--|
| • | · | | | | | |
| For your attorney, if you are represented by one | Chapter 7, 11, 12, or 13 of title 11, United States | Code, and have explained t | ormed the debtor(s) about eligibility to proceed under the relief available under each chapter for which the be required by 11 U.S.C. § 342(b) and, in a case in | | | |
| If you are not represented by an attorney, you do not need to file this page. | which § 707(b)(4)(D) applies, certify that I have repetition is incorrect. | o knowledge after an inquir | y that the information in the schedules filed with the | | | |
| | /s/ Michael R. Richmond | Date | February 9, 2017 | | | |
| | Signature of Attorney for Debtor | | MM / DD / YYYY | | | |
| | Michael R. Richmond | | | | | |
| | Printed name | | | | | |
| | Heller & Richmond, Ltd. | | | | | |
| | Firm name | | | | | |
| • | 33 N Dearborn St Ste 1907 | | | | | |
| | Chicago, IL 60602-3828 | | | | | |
| | Number, Street, City, State & ZiP Code | | | | | |
| | Contact phone (312) 781-6700 | Email address | mrichmond@hellerrichmond.com | | | |
| | 3124632 | | | | | |
| | Bar number & State | | | | | |

| | | Docume | ent Page 8 of 54 | | |
|---------------------------|-------------------------|-------------------|-------------------------|--------|--------------------------------------|
| Fill in this inform | nation to identify your | case: | | | |
| Debtor 1 | Roy L. Wiley | | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Ba | nkruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS, EASTERN DI | VISION | |
| Case number (if known) | | | | | ☐ Check if this is an amended filing |
| | | | | | • |
| | | | | | |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

| Pa | t 1: Summarize Your Assets | | |
|----|--|--------------|-------------------------|
| | | Your as | ssets f what you own |
| 1. | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$ | 100,000.00 |
| | 1b. Copy line 62, Total personal property, from Schedule A/B | \$ | 5,499.00 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | \$ | 105,499.00 |
| Ра | t 2: Summarize Your Liabilities | | |
| | | | abilities you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column AAmount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ | 107,462.00 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e & chedule E/F | \$ | 19,394.58 |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j & chedule E/F | \$ | 64,860.00 |
| | Your total liabilities | \$ | 191,716.58 |
| Pa | t 3: Summarize Your Income and Expenses | | |
| 4. | Schedule I: Your Income(Official Form 106I) Copy your combined monthly income from line 12 oSchedule I | \$ | 4,860.16 |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | \$ | 4,402.00 |
| Pa | Answer These Questions for Administrative and Statistical Records | | |
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other. | her schedul | es. |
| 7. | ■ Yes What kind of debt do you have? | | |
| | Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a perpurpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C§ 159. | ersonal, fan | nily, or household |
| | Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this bo | x and subn | nit this form to the |

court with your other schedules.

Desc Main Case 17-03761 Doc 1 Filed 02/09/17 Entered 02/09/17 11:13:59 Document

Page 9 of 54 Case number (if known) Debtor 1 Wiley, Roy L.

From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 8. 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

4,689.59 \$

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Total o | claim |
|--|---------|-----------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 19,394.58 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 19,394.58 |

Case 17-03761 Doc 1 Filed 02/09/17 Entered 02/09/17 11:13:59 Desc Main Document Page 10 of 54 Fill in this information to identify your case and this filing: Debtor 1 Roy L. Wiley Middle Name Last Name Debtor 2 (Spouse, if filing) First Name Middle Name Last Name United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION Case number Check if this is an amended filing Official Form 106A/B Schedule A/B: Property 12/15 In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In 1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property? ☐ No. Go to Part 2. Yes. Where is the property? 1.1 What is the property? Check all that apply Single-family home Do not deduct secured claims or exemptions. Put 12329 S Bishop St the amount of any secured claims on Schedule D: Duplex or multi-unit building Creditors Who Have Claims Secured by Property. Street address, if available, or other description Condominium or cooperative П Manufactured or mobile home Current value of the Current value of the **Calumet Park** 60827-5705 IL Land entire property? portion you own? City State ZIP Code Investment property \$100,000.00 \$100,000.00 Timeshare Describe the nature of your ownership interest □ Other (such as fee simple, tenancy by the entireties, or a life estate), if known. Who has an interest in the property? Check one Fee Simple Debtor 1 only

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.....=>

Debtor 2 only

property identification number:

Debtor 1 and Debtor 2 only

At least one of the debtors and another

Other information you wish to add about this item, such as local

\$100,000.00

Check if this is community property

(see instructions)

Part 2: Describe Your Vehicles

Cook

County

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

| Debt | or 1 <u>V</u> | Viley, Roy L. | | Document Page 11 of 54 | se number (if known) | |
|---------------|---------------|---|---|--|-----------------------------|--|
| 3. C a | rs, vans, | trucks, tractor | s, sport utility ver | icles, motorcycles | | |
| | No | | | | | |
| | Yes | | | | | |
| 3.1 | Make: | Toyota | | Who has an interest in the property? Check one | | claims or exemptions. Put |
| 0 | Model: | Camry | | ■ Debtor 1 only | | red claims on Schedule D: nims Secured by Property. |
| | Year: | 2004 | | Debtor 2 only | Current value of the | Current value of the |
| | | nate mileage: | 240000 | Debtor 1 and Debtor 2 only | entire property? | portion you own? |
| | Other in | formation: | | ☐ At least one of the debtors and another | | |
| | | | | ☐ Check if this is community property (see instructions) | \$2,049.00 | \$0.00 |
| Exa | amples: B | | | I other recreational vehicles, other vehicles, and a crcraft, fishing vessels, snowmobiles, motorcycle access | | |
| .yo | ou have a | ttached for Pa | rt 2. Write that nur | n for all of your entries from Part 2, including any nber here | | \$0.00 |
| | | | l and Household Ite | erest in any of the following items? | | Current value of the |
| ро у | ou own c | or nave any leg | ai or equitable into | erest in any or the following items? | | portion you own? Do not deduct secured claims or exemptions. |
| <i>E.</i> | | scribe | s, furniture, linens, o | china, kitchenware I goods and furnishings | | \$4,000.00 |
| E: | | Televisions and including cell phace scribe | nones, cameras, m | , stereo, and digital equipment; computers, printers, so edia players, games house flat screen - 3 years old, 8 year old \ er, Iphone 4 | | ; electronic devices |
| E: | kamples: | collections, mer | urines; paintings, p morabilia, collectibl | rints, or other artwork; books, pictures, or other art objects | ects; stamp, coin, or baseb | oall card collections; other |
| E | .kamples: | instruments | | other hobby equipment; bicycles, pool tables, golf clul | os, skis; canoes and kayak | s; carpentry tools; musical |
| | No | : Pistols, rifles, s | shotguns, ammuniti | on, and related equipment | | |

| Debtor 1 | Wiley, Roy L. |) / OI | | Iment Page 12 of 54 Case number (if known | Desc Main |
|------------------------------------|---|--------------------|---|--|---|
| 11. Clothe <i>Exam</i> ☐ No | | es, furs | , leather coats, designer we | ear, shoes, accessories | |
| Yes. | . Describe | | | | |
| | <u>L</u> | Neces | sary clothing | | \$400.00 |
| ■ No | | ry, costi | ume jewelry, engagement r | rings, wedding rings, heirloom jewelry, watches, gems, gold | 1, silver |
| <i>Exam</i> ■ No | arm animals oples: Dogs, cats, bird Describe | ds, hors | ses | | |
| ■ No | ther personal and h | | • | ready list, including any health aids you did not list | |
| | | • | our entries from Part 3, i | including any entries for pages you have attached for | \$4,900.00 |
| Part 4: De | escribe Your Financia | ıl Assets | S | | |
| Do you o | wn or have any leg | al or ec | quitable interest in any o | f the following? | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| □ No | , | | ır wallet, in your home, in a | safe deposit box, and on hand when you file your petition | |
| — 103. | | | | Cash on Hand | \$10.00 |
| <i>Exam</i> □ No | sits of money ples: Checking, savi institutions. If y | ngs, or you hav | other financial accounts; cove multiple accounts with t | ertificates of deposit; shares in credit unions, brokerage ho the same institution, list each. Institution name: | uses, and other similar |
| | | 17.1. | Checking Account | South Division Credit Union | \$0.00 |
| | | 17.2. | Savings Account | South Division Credit Union | \$60.00 |
| | | 17.3. | Checking Account | South Division Credit Union | \$0.00 |
| | | 17.4. | Savings Account | South Division Credit Union | \$0.00 |
| | s, mutual funds, or ples: Bond funds, inv | | | firms, money market accounts | |

Official Form 106A/B Schedule A/B: Property page 3

Institution or issuer name:

☐ Yes.....

| Debtor 1 | Wiley, Roy | L. | Document | Page 13 of 54 | Case number (if known) | |
|--|--|---|---|---|---|---|
| joint | | ock and interests in incorp | orated and uninco | porated businesses, i | ncluding an interest in a | an LLC, partnership, and |
| ■ No □ Yes | . Give specific in | formation about them Name of entity: | | | % of ownership: | |
| Nego Non-r ■ No | tiable instruments negotiable instrum | prate bonds and other neg include personal checks, casents are those you cannot transmitted prmation about them Issuer name: | shiers' checks, promi | ssory notes, and money | | |
| | ment or pension aples: Interests in | accounts IRA, ERISA, Keogh, 401(k), | 403(b), thrift savings | s accounts, or other per | nsion or profit-sharing plan | าร |
| ■ Yes. | . List each accour | t separately. Type of account: IRA | Institution r South Di | name: vision Credit Union | <u> </u> | \$529.00 |
| | | Pension Plan | State of I | llinois | | unknown |
| Your s Exam No Yes. 23. Annui No Yes. 24. Interes 26 U.S No Yes. 25. Trusts No Yes. 26. Patent Exam No Yes | ties (A contract for the state in an education of the state in an educatio | prepayments d deposits you have made so with landlords, prepaid rent, or a periodic payment of mone suer name and description. on IRA, in an account in a count in a | public utilities (electr Institution r ey to you, either for lif qualified ABLE prog on. Separately file the other than anything and other intellectual | ic, gas, water), telecomn name or individual: e or for a number of year gram, or under a qualif records of any interests g listed in line 1), and r | munications companies, or ars) fied state tuition program s.11 U.S.C. § 521(c): | n. |
| Exam ■ No | pples: Building per | and other general intangible mits, exclusive licenses, cooper formation about them | | oldings, liquor licenses, | professional licenses | |
| Money or | property owed | to you? | | | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| □ No | funds owed to y | ormation about them, includin | g whether you alread | | ie tax years | unknown |

| | | Case 17-03761 | Doc 1 | Filed 02/09/17 Document | Entered 02/09/17 11:13:59 Page 14 of 54 | Desc Main | | |
|-----|--|--|-------------------------------|----------------------------|--|--------------------------------|--|--|
| Deb | otor 1 | Wiley, Roy L. | | Document | Case number (if known) | | | |
| ı | Examp ■ No | support bles: Past due or lump sum a | | sal support, child suppo | rt, maintenance, divorce settlement, property : | settlement | | |
| | Examp ■ No | imounts someone owes your less: Unpaid wages, disability unpaid loans you made. Give specific information | / insurance pa | | ts, sick pay, vacation pay, workers' compensat | ion, Social Security benefits; | | |
| _ | | ts in insurance policies bles: Health, disability, or life | insurance; he | alth savings account (HS | SA); credit, homeowner's, or renter's insurance | | | |
| _ | _ | Name the insurance compar Com | ny of each poli pany name: | cy and list its value. | Beneficiary: | Surrender or refund value: | | |
| | If you a died. No | erest in property that is do are the beneficiary of a living Give specific information | | | I rance policy, or are currently entitled to receive p | property because someone has | | |
| ı | 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue ■ No □ Yes. Describe each claim | | | | | | | |
| I | No | ontingent and unliquidate Describe each claim | d claims of e | every nature, including | counterclaims of the debtor and rights to s | et off claims | | |
| ı | No | ancial assets you did not Give specific information | already list | | | | | |
| 36. | | he dollar value of all of yo . Write that number here | | | y entries for pages you have attached for | \$599.00 | | |
| Par | t 5: Des | scribe Any Business-Related | Property You | Own or Have an Interest I | n. List any real estate in Part 1. | | | |
| • | No. Go | own or have any legal or equit to Part 6. so to line 38. | table interest i | n any business-related pr | operty? | | | |
| Par | | scribe Any Farm- and Comme ou own or have an interest in fa | | | n or Have an Interest In. | | | |
| 46. | ■ No. | own or have any legal or Go to Part 7. . Go to line 47. | equitable int | erest in any farm- or co | ommercial fishing-related property? | | | |
| _ | Do you | have other property of an eles: Season tickets, country | ny kind you d | id not already list? | l Not List Above | | | |

Official Form 106A/B Schedule A/B: Property page 5

☐ Yes. Give specific information.......

Case 17-03761 Doc 1 Filed 02/09/17 Entered 02/09/17 11:13:59 Desc Main Page 15 of 54
Case number (if known) Document

Debtor 1 Wiley, Roy L.

54. Add the dollar value of all of your entries from Part 7. Write that number here \$0.00 Part 8: List the Totals of Each Part of this Form 55. Part 1: Total real estate, line 2 \$100,000.00 Part 2: Total vehicles, line 5 56. \$0.00 57. Part 3: Total personal and household items, line 15 \$4,900.00 Part 4: Total financial assets, line 36 \$599.00 59. Part 5: Total business-related property, line 45 \$0.00 Part 6: Total farm- and fishing-related property, line 52 60. \$0.00 Part 7: Total other property not listed, line 54 61. \$0.00 Total personal property. Add lines 56 through 61... Copy personal property total 62. \$5,499.00 \$5,499.00 63. Total of all property on Schedule A/B. Add line 55 + line 62 \$105,499.00

Official Form 106A/B Schedule A/B: Property page 6

| | | Docume | ni Page in oi 54 | |
|------------------------------------|--------------------------|-------------------|-------------------------------|--------------------------------------|
| Fill in this infor | mation to identify your | case: | | |
| Debtor 1 | Roy L. Wiley | | | |
| | First Name | Middle Name | Last Name |) |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS, EASTERN DIVISION | _ (|
| Case number (if known) | | | | ☐ Check if this is an amended filing |
| | | | | |
| $\bigcup_{i \in I} (x_i, x_i) = I$ | 4000 | | | |

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| e is filing with you. |
|-----------------------|
| ; IS |

- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| | Schedule A/B that lists this property | portion you own | Amo | ount of the exemption you claim | Specific laws that allow exemption |
|-----|--|-------------------------------------|-----|---|------------------------------------|
| | | Copy the value from Schedule A/B | Che | eck only one box for each exemption. | |
| | 12329 S Bishop St | \$100,000.00 | | \$15,000.00 | 735 ILCS 5/12-901 |
| | Calumet Park IL, 60827-5705 County: Cook Line from Schedule A/B. 1.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | Toyota Camry | \$0.00 | | \$2,049.00 | 735 ILCS 5/12-1001(c) |
| | 2004 240000 Line from <i>Schedule A/B</i> : 3.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | Misc household goods and furnishings | \$4,000.00 | | \$3,500.00 | 735 ILCS 5/12-1001(b) |
| | Line from Schedule A/B. 6.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | TV 42" Westinghouse flat screen - 3 years old, 8 year old Vizio laptop | \$500.00 | | \$500.00 | 735 ILCS 5/12-1001(b) |
| com | computer, Iphone 4 Line from Schedule A/B. 7.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | Necessary clothing Line from Schedule A/B 11.1 | \$400.00 | | \$400.00 | 735 ILCS 5/12-1001(a) |
| | LINE HOLL SOLIEGUIE AVID. 11.1 | | | 100% of fair market value, up to any applicable statutory limit | |

Case 17-03761 Doc 1 Filed 02/09/17 Entered 02/09/17 11:13:59 Desc Main Document Page 17 of 54

| | Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amount of the exemption you claim | 735 ILCS 5/12-1006 735 ILCS 5/12-1006 | | | | |
|----|---|--------------------------------------|---|--|--|--|--|--|
| | | Copy the value from Schedule A/B | Check only one box for each exemption. | | | | | |
| | South Division Credit Union Line from Schedule A/B 21.1 | \$529.00 | \$529.00 | 735 ILCS 5/12-1006 | | | | |
| | Line IIoiii Scriedule A/B. 21.1 | | 100% of fair market value, up to any applicable statutory limit | | | | | |
| | State of Illinois | Unknown 🔲 | | 735 ILCS 5/12-1006 | | | | |
| | Line from Schedule A/B: 21.2 | | ■ 100% of fair market value, up to any applicable statutory limit | | | | | |
| 3. | Are you claiming a homestead exemption of more than \$160,375? (Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.) No | | | | | | | |
| | Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case? | | | | | | | |
| | | | | | | | | |
| | □ No | | | | | | | |

| 0436 17 00701 | Documer Documer | nt Page 18 | of 54 | | Tani |
|---|--|------------------------------------|------------------------------------|--|----------------------|
| Fill in this information to identify yo | | | | | |
| Debtor 1 Roy L. Wiley | | | | | |
| Roy L. Wiley First Name | Middle Name | Last Name | | } | |
| Debtor 2 | | | | | |
| (Spouse if, filing) First Name | Middle Name | Last Name | | | |
| United States Bankruptcy Court for the | e: NORTHERN DISTRICT (| OF ILLINOIS, EASTE | ERN DIVISION | | |
| Case number | | | | | |
| (if known) | | | | ☐ Check | if this is an |
| | | | | amen | ded filing |
| Official Form 106D | | | | | |
| Schedule D: Creditor | s Who Have Clair | ns Secured | by Property | У | 12/15 |
| Be as complete and accurate as possible | If two married neonle are filing to | ogether both are equ | ally responsible for sur | onlying correct informat | ion If more snace is |
| needed, copy the Additional Page, fill it o | | | | | |
| known). | h | | | | |
| 1. Do any creditors have claims secured | | the area to be also been a Married | harran and Camarlana (a. mar | and an diffe form | |
| ☐ No. Check this box and submit | • | iner schedules. You r | nave nothing else to re | port on this form. | |
| Yes. Fill in all of the information | below. | | | | |
| Part 1: List All Secured Claims | | | | | |
| 2. List all secured claims. If a creditor has | | | Column A | Column B | Column C |
| for each claim. If more than one creditor had much as possible, list the claims in alphabe | | | Amount of claim Do not deduct the | Value of collateral that supports this | Unsecured portion |
| The dames as possible, list the dames in alphabe | Alloan order according to the creditor | S Harrie. | value of collateral. | claim | If any |
| 2.1 CITIBANK, NA | Describe the property that sec | | \$107,462.00 | \$100,000.00 | \$7,462.00 |
| Creditor's Name | 12329 S Bishop St, Cal IL 60827-5705 | umet Park, | | | |
| PO Box 6243 | As of the date you file, the cla | im is: Check all that | | | |
| Sioux Falls, SD | apply. | III IS. CHECK all that | | | |
| 57117-6243 | Contingent | | | | |
| Number, Street, City, State & Zip Code | ☐ Unliquidated | | | | |
| Who owes the debt? Check one. | ☐ Disputed Nature of lien. Check all that a | nnly | | | |
| Debtor 1 only | ☐ An agreement you made (su | | ured | | |
| Debtor 2 only | car loan) | on do mongago or oco | arod | | |
| Debtor 1 and Debtor 2 only | ☐ Statutory lien (such as tax lie | an machanic's lian) | | | |
| ☐ At least one of the debtors and another | _ ' ` | | | | |
| ☐ Check if this claim relates to a | ☐ Other (including a right to off | | | | |
| community debt | | | | | |
| Date debt was incurred | Last 4 digits of account | t number 2821 | | | |
| | | 2021 | | | |
| | | | | | |
| Add the dollar value of your entries in C | olumn A on this page. Write that r | number here: | \$107,462 | 2.00 | |
| If this is the last page of your form, add | the dollar value totals from all pag | ges. | \$107,462 | | |
| Write that number here: | | | \$107,402 | | |
| Part 2: List Others to Be Notified f | or a Debt That You Already Li | sted | | | |
| Use this page only if you have others to | be notified about your bankrupto | y for a debt that you a | already listed in Part 1. | For example, if a collect | ion agency is |
| trying to collect from you for a debt you | | | | | |
| than one creditor for any of the debts th debts in Part 1, do not fill out or submit | | inonal creditors here. | ii you do not nave add | nuonai persons to be no | uned for any |
| | . • | | | | |
| Name, Number, Street, City, State 8 | & Zip Code | On whic | h line in Part 1 did you e | nter the creditor? 2.1 | |
| Alliance One | | | | 2024 | |
| 4850 E Street Rd Ste 300 | | Last 4 d | igits of account number | 404 I | |

Trevose, PA 19053-6643

| | | | Docume | nt Page 19 | 9 of 5 | 4 | | |
|-------------------------------|--|--|--|---|-----------------------|---|--|--|
| Fill | in this info | mation to identify your cas | se: | | | | | |
| Deb | tor 1 | Roy L. Wiley | | | | | | |
| | | First Name | Middle Name | Last Name | | | | |
| | otor 2 | First Name | Middle None | Loot Nome | | | | |
| (Spo | use if, filing) | First Name | Middle Name | Last Name | | | | |
| Unit | ed States B | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS, EAST | ERN D | IVISION | | |
| Cas | e number | | | | | | | |
| (if kn | | | | | | | ☐ Check | if this is an |
| | | | | | | | amend | led filing |
| ∩ff | icial For | m 106E/F | | | | | | |
| | | E/F: Creditors Wh | o Have Unsecu | red Claims | | | | 12/15 |
| | | nd accurate as possible. Use I | | | art 2 for | creditors with NONF | RIORITY claims. Lis | |
| Sche D: Cr he C case | dule G: Exec editors Who ontinuation number (if k | ntracts or unexpired leases th utory Contracts and Unexpire Have Claims Secured by Prop Page to this page. If you have nown). All of Your PRIORITY Unse | d Leases (Official Form 10 erty. If more space is nee no information to report in | 06G). Do not include a ded, copy the Part yo | ny credi u need, f | tors with partially se fill it out, number the | cured claims that are entries in the boxes | re listed in Schedule s on the left. Attach |
| | | tors have priority unsecured of | | | | | | |
| | No. Go to | • • | | | | | | |
| | Yes. | | | | | | | |
| | identify what to possible, list to the first | ur priority unsecured claims. I type of claim it is. If a claim has the claims in alphabetical order a n one creditor holds a particular nation of each type of claim, see | ooth priority and nonpriority according to the creditor 's n claim, list the other creditors | amounts, list that claim ame. If you have more s in Part 3. | here and than two | d show both priority a | nd nonpriority amount | s. As much as |
| | ו | | | | | | amount | amount |
| 2.1 | | County Treasurer Creditor's Name | Last 4 digits of | account number 00 |)00 | \$19,394.58 | <u>\$19,394.58</u> | \$0.00 |
| | 1 Honly C | realior 3 Name | When was the | debt incurred? | | | | |
| | Chica | Clark St # 112 go, IL 60602-1332 | | | . | | | |
| | | Street City State Zlp Code ed the debt? Check one. | | you file, the claim is: | Jheck all | that apply | | |
| | _ | | ☐ Contingent | | | | | |
| | ■ Debtor 1 | • | ☐ Unliquidated | | | | | |
| | ☐ Debtor 2 | • | ☐ Disputed | ITV | | | | |
| | | and Debtor 2 only | | ITY unsecured claim: | | | | |
| | _ | one of the debtors and another | <u></u> | pport obligations | | | | |
| | | this claim is for a community | <u>—</u> | ertain other debts you o | | | | |
| | _ | subject to offset? | <u>_</u> | eath or personal injury | while you | were intoxicated | | |
| | ■ No □ Yes | | ☐ Other. Speci | · | v arros | arage on 12329 | S Richon | - |
| | □ 165 | | | Calumet Park | | irage on 12329 | s. Bisilop | |
| Don | 1 | All of Vous MONDRIORITY | la a a sura d'Olaima | | | | | |
| | | All of Your NONPRIORITY | | | | | | |
| | _ ' | tors have nonpriority unsecur | | | | | | |
| | | ave nothing to report in this part | Submit this form to the cou | irt with your other sche | uues. | | | |
| | Yes. | | | | | | | |
| | unsecured cla | ur nonpriority unsecured clair aim, list the creditor separately fo litor holds a particular claim, list | or each claim. For each clain | n listed, identify what ty | pe of cla | im it is. Do not list cla | ms already included i | n Part 1. If more |

Il out the Continuation Page of Part

Total claim

Case 17-03761 Doc 1 Filed 02/09/17 Entered 02/09/17 11:13:59 Desc Main Document Page 20 of 54

Case number (f know)

Debtor 1 Wiley, Roy L. 4.1 \$459.00 **Capital One** Last 4 digits of account number 8429 Nonpriority Creditor's Name When was the debt incurred? 2007-05 PO Box 5253 Carol Stream, IL 60197-5253 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify 4.2 Capital One Bank USA N Last 4 digits of account number 4262 \$853.00 Nonpriority Creditor's Name When was the debt incurred? 2007-04 15000 Capital One Dr Richmond, VA 23238-1119 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans \square Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify 4.3 **Chase Card** Last 4 digits of account number \$437.00 6390 Nonpriority Creditor's Name 2015-02 When was the debt incurred? PO Box 15298 Wilmington, DE 19850-5298 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed \square At least one of the debtors and another Type of NONPRIORITY unsecured claim: ☐ Student loans \square Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify

Case 17-03761 Doc 1 Filed 02/09/17 Entered 02/09/17 11:13:59 Desc Main Document Page 21_of 54

Debtor 1 Wiley, Roy L. Case number (if know) 4.4 \$531.00 Credit First N A Last 4 digits of account number 1088 Nonpriority Creditor's Name When was the debt incurred? 2013-08 6275 Eastland Rd Brook Park, OH 44142-1301 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify 4.5 Fed Loan Serv Last 4 digits of account number 0002 \$7,864.00 Nonpriority Creditor's Name When was the debt incurred? 2011-09 PO Box 60610 Harrisburg, PA 17106-0610 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans \square Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify 4.6 **Fed Loan Serv** Last 4 digits of account number 0006 \$7,683.00 Nonpriority Creditor's Name 2013-08 When was the debt incurred? PO Box 60610 Harrisburg, PA 17106-0610 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: \square At least one of the debtors and another ☐ Student loans \square Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify

Case 17-03761 Doc 1 Filed 02/09/17 Entered 02/09/17 11:13:59 Desc Main Document Page 22 of 54

Debtor 1 Wiley, Roy L. Case number (if know) 4.7 \$7,491.00 Fed Loan Serv Last 4 digits of account number 8000 Nonpriority Creditor's Name When was the debt incurred? 2014-08 PO Box 60610 Harrisburg, PA 17106-0610 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify 4.8 Fed Loan Serv Last 4 digits of account number 0004 \$7,459.00 Nonpriority Creditor's Name When was the debt incurred? 2012-08 PO Box 60610 Harrisburg, PA 17106-0610 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans \square Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify 4.9 **Fed Loan Serv** Last 4 digits of account number 0005 \$5,706.00 Nonpriority Creditor's Name 2013-08 When was the debt incurred? PO Box 60610 Harrisburg, PA 17106-0610 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: \square At least one of the debtors and another ☐ Student loans \square Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify

Case 17-03761 Doc 1 Filed 02/09/17 Entered 02/09/17 11:13:59 Desc Main Document Page 23 of 54

Case number (f know)

| Debtor | ¹ Wiley, Roy L. | | Case number (f know) | | | | |
|--------|--|--|--|------------|--|--|--|
| 4.10 | Fed Loan Serv | Last 4 digits of account number | 0007 | \$5,617.00 | | | |
| | Nonpriority Creditor's Name | When was the debt incurred? | 2014-08 | | | | |
| | PO Box 60610 Harrisburg, PA 17106-0610 Number Street City State Zlp Code | | When was the debt incurred? 2014-08 As of the date you file, the claim is: Check all that apply | | | | |
| | Who incurred the debt? Check one. Debtor 1 only | ☐ Contingent | | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | | | |
| | ☐ Check if this claim is for a community | Student loans | | | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | | | | |
| | No | Debts to pension or profit-sharir | o plans, and other similar debts | | | | |
| | Yes | _ | | | | | |
| 4.11 | Fed Loan Serv | Last 4 digits of account number | 0003 | \$4,648.00 | | | |
| | Nonpriority Creditor's Name | When was the debt incurred? | 2012-08 | | | | |
| | PO Box 60610 Harrisburg, PA 17106-0610 | When was the dept incurred: | | | | | |
| | Number Street City State ZIp Code | As of the date you file, the claim | is: Check all that apply | | | | |
| | Who incurred the debt? Check one. | _ | | | | | |
| | Debtor 1 only | Contingent | | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | | | | | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans | | | | | |
| | Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | | | | | |
| | ■ No | Debts to pension or profit-sharing | | | | | |
| | Yes | Other. Specify | | | | | |
| 4.12 | Fed Loan Serv | Last 4 digits of account number | 0001 | \$4,570.00 | | | |
| | Nonpriority Creditor's Name | When was the debt incurred? | 2011-09 | | | | |
| | PO Box 60610 | When was the dest mounted. | 2011-03 | | | | |
| | Harrisburg, PA 17106-0610 Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | | | | |
| | Who incurred the debt? Check one. | , | | | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | | |
| | Debtor 1 and Debtor 2 only | □ Disputed | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | | | | | |
| | No | Debts to pension or profit-sharing | g plans, and other similar debts | | | | |
| | Yes | Other. Specify | | | | | |

Case 17-03761 Doc 1 Filed 02/09/17 Entered 02/09/17 11:13:59 Desc Main Document Page 24 of 54

| wiley, Roy L. | | Case number (if know) | |
|--|--|--|------------|
| South Division Credit | Last 4 digits of account number | 5330 | \$1,105.00 |
| Nonpriority Creditor's Name | When was the debt incurred? | 2015-10 | |
| 9122 S Kedzie Ave | | 2010 10 | |
| Evergreen Park, IL 60805-1605 Number Street City State Zlp Code | | Charles What are he | |
| Who incurred the debt? Check one. | As of the date you file, the claim | s: Cneck all that apply | |
| ■ Debtor 1 only | Continuent | | |
| Debtor 2 only | ☐ Contingent ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt | _ | ration agreement or divorce that you did not | |
| Is the claim subject to offset? | report as priority claims | | |
| ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| Yes | Other. Specify | | |
| Syncb/Care Credit | Last 4 digits of account number | 5105 | \$1,609.00 |
| Nonpriority Creditor's Name | - When we also debt in some dO | 0044.00 | |
| C/o PO Box 965036 | When was the debt incurred? | 2014-06 | |
| Orlando, FL 32896-5036 | | | |
| Number Street City State ZIp Code | As of the date you file, the claim | s: Check all that apply | |
| Who incurred the debt? Check one. | | | |
| ■ Debtor 1 only | ☐ Contingent | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| Check if this claim is for a community | Student loans | | |
| debt Is the claim subject to offset? | Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharin | a plans, and other similar debts | |
| | <u> </u> | g plans, and other similar debts | |
| Yes | Other. Specify | | |
| Td Bank USA/Targetcred | Last 4 digits of account number | 3165 | \$409.00 |
| Nonpriority Creditor's Name | When was the debt incurred? | 2016-06 | |
| PO Box 673 | | | |
| Minneapolis, MN 55440-0673 | _ | | |
| Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | |
| _ | П | | |
| Debtor 1 only | Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | Disputed | d claim: | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured ☐ Student loans | a Giaiiii. | |
| Check if this claim is for a community debt | <u> </u> | ration agreement or diverse that we did and | |
| Is the claim subject to offset? | report as priority claims | ration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| ☐ Yes | Other. Specify | | |
| - - | — Other, Specify | | |

Case 17-03761 Doc 1 Filed 02/09/17 Entered 02/09/17 11:13:59 Desc Main Document Page 25 of 54

| U of I Community Cu Nonpriority Creditor's Name | Last 4 digits of account number | 4643 | \$4,988.00 |
|---|---|--|------------|
| Nonpriority Creditor's Name | When was the debt incurred? | 2012-09 | |
| PO Box 500 | | | |
| Champaign, IL 61824-0500 Number Street City State Zlp Code | As of the date you file, the claim | s: Check all that apply | |
| Who incurred the debt? Check one. | , | or one on an anal apply | |
| ■ Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt | | ration agreement or divorce that you did not | |
| Is the claim subject to offset? | report as priority claims | | |
| ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| Yes | Other. Specify | | |
| U of I Community Cu | Last 4 digits of account number | 0001 | \$1,507.00 |
| Nonpriority Creditor's Name | - When we all a dahl in sure do | 0040.44 | |
| 2201 S 1st St | When was the debt incurred? | 2013-11 | |
| Champaign, IL 61820-7402 | | | |
| Number Street City State ZIp Code | As of the date you file, the claim | s: Check all that apply | |
| Who incurred the debt? Check one. | | | |
| ■ Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| lacksquare At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| Check if this claim is for a community | Student loans | | |
| debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| No | Debts to pension or profit-sharin | a plans, and other similar debts | |
| ■ No | | g plans, and other similar debts | |
| □ Yes | Other. Specify | | |
| Usaa Savings Bank | Last 4 digits of account number | 3048 | \$1,924.00 |
| Nonpriority Creditor's Name | When was the debt incurred? | 2014-06 | |
| PO Box 47504 | when was the dept incurred: | 2014-00 | |
| San Antonio, TX 78265-7504 | | | |
| Number Street City State ZIp Code | As of the date you file, the claim | s: Check all that apply | |
| Who incurred the debt? Check one. | | | |
| Debtor 1 only | Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| Check if this claim is for a community | Student loans | | |
| debt Is the claim subject to offset? | Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | |
| No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| | · | g p.a, and outer outlined dobto | |
| Yes | Other. Specify | | |

Part 3: List Others to Be Notified About a Debt That You Already Listed

^{5.} Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Case 17-03761 Doc 1 Filed 02/09/17 Entered 02/09/17 11:13:59 Desc Main Document Page 26 of 54

| Debtor 1 Wiley, Roy L. | | Case number (if know) | |
|--|--|---|--|
| Name and Address Capital One | On which entry in Part 1 or Part 2 di Line 4.2 of (Check one): | id you list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Claims | |
| Attn: General Correspondence/Bankruptcy PO Box 30285 | | ■ Part 2: Creditors with Nonpriority Unsecured Claims | |
| Salt Lake City, UT 84130-0285 | Last 4 digits of account number | 4262 | |
| Name and Address Capital One Attn: General Correspondence/Bankruptcy PO Box 30285 | On which entry in Part 1 or Part 2 di Line <u>4.1</u> of (<i>Check one</i>): | id you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims | |
| Salt Lake City, UT 84130-0285 | Last 4 digits of account number | 8429 | |
| Name and Address Chase Card Attn: Correspondence PO Box 15298 Wilmington, DE 19850-5298 | On which entry in Part 1 or Part 2 di Line 4.3 of (<i>Check one</i>): | id you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims | |
| | Last 4 digits of account number | 6390 | |
| Name and Address COOK COUNTY Clerk's Office Real Estate & Tax Services 118 N Clark St Ste 434 Chicago, IL 60602-1413 | On which entry in Part 1 or Part 2 di Line 2.1 of (<i>Check one</i>): | id you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims | |
| Cilicago, IL 00002-1413 | Last 4 digits of account number | 0000 | |
| Name and Address Credit First National Assoc Attn: BK Credit Operations PO Box 81315 Cleveland, OH 44181-0315 | On which entry in Part 1 or Part 2 di Line 4.4 of (<i>Check one</i>): | id you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims | |
| 0.01010.1101 | Last 4 digits of account number | 1088 | |
| Name and Address Fed Loan Servicing PO Box 69184 Harrisburg, PA 17106-9184 | On which entry in Part 1 or Part 2 di Line <u>4.5</u> of (<i>Check one</i>): Last 4 digits of account number | id you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims 0002 | |
| Name and Address Fed Loan Servicing PO Box 69184 Harrisburg, PA 17106-9184 | On which entry in Part 1 or Part 2 di Line 4.6 of (Check one): Last 4 digits of account number | id you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims 0006 | |
| Name and Address Fed Loan Servicing PO Box 69184 Harrisburg, PA 17106-9184 | On which entry in Part 1 or Part 2 di Line 4.7 of (Check one): Last 4 digits of account number | id you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims 0008 | |
| Name and Address Fed Loan Servicing PO Box 69184 Harrisburg, PA 17106-9184 | On which entry in Part 1 or Part 2 di Line 4.8 of (<i>Check one</i>): Last 4 digits of account number | id you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims 0004 | |
| Name and Address Fed Loan Servicing PO Box 69184 Harrisburg, PA 17106-9184 | On which entry in Part 1 or Part 2 di Line 4.9 of (<i>Check one</i>): | □ Part 1: Creditors with Priority Unsecured Claims ■ Part 2: Creditors with Nonpriority Unsecured Claims | |
| | Last 4 digits of account number | 0005 | |
| Name and Address | On which entry in Part 1 or Part 2 di | d you list the original creditor? | |

Case 17-03761 Doc 1 Filed 02/09/17 Entered 02/09/17 11:13:59 Desc Main Document Page 27 of 54

| | Case number (f know) |
|---|--|
| Line 4.10 of (Check one): | ☐ Part 1: Creditors with Priority Unsecured Claims |
| | ■ Part 2: Creditors with Nonpriority Unsecured Claims |
| Last 4 digits of account number | 0007 |
| On which entry in Part 1 or Part 2 | 2 did you list the original creditor? |
| Line 4.11 of (Check one): | ☐ Part 1: Creditors with Priority Unsecured Claims |
| | ■ Part 2: Creditors with Nonpriority Unsecured Claims |
| Last 4 digits of account number | 0003 |
| On which entry in Part 1 or Part 2 | 2 did you list the original creditor? |
| Line 4.12 of (Check one): | ☐ Part 1: Creditors with Priority Unsecured Claims |
| | ■ Part 2: Creditors with Nonpriority Unsecured Claims |
| Last 4 digits of account number | 0001 |
| On which entry in Part 1 or Part 2 | 2 did you list the original creditor? |
| Line 4.14 of (Check one): | ☐ Part 1: Creditors with Priority Unsecured Claims |
| | ■ Part 2: Creditors with Nonpriority Unsecured Claims |
| Last 4 digits of account number | 5105 |
| On which entry in Part 1 or Part 2 | 2 did you list the original creditor? |
| Line 4.15 of (<i>Check one</i>): | ☐ Part 1: Creditors with Priority Unsecured Claims |
| | ■ Part 2: Creditors with Nonpriority Unsecured Claims |
| | |
| | Line 4.10 of (Check one): Last 4 digits of account number On which entry in Part 1 or Part 2 Line 4.11 of (Check one): Last 4 digits of account number On which entry in Part 1 or Part 2 Line 4.12 of (Check one): Last 4 digits of account number On which entry in Part 1 or Part 2 Line 4.14 of (Check one): Last 4 digits of account number On which entry in Part 1 or Part 2 Last 4 digits of account number |

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| | | | | Total Claim |
|--------------|-----|---|-----|-----------------|
| | 6a. | Domestic support obligations | 6a. | \$ 0.00 |
| Total claims | | | | |
| from Part 1 | 6b. | Taxes and certain other debts you owe the government | 6b. | \$ 19,394.58 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ 0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ 0.00 |
| | 6e. | Total Priority. Add lines 6a through 6d. | 6e. | \$ 19,394.58 |
| | | | | Total Claim |
| Total claims | 6f. | Student loans | 6f. | \$ 0.00 |
| from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ 0.00 |
| | 6h. | Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ 0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ 64,860.00 |
| | 6j. | Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ 64,860.00 |

| | | DUGUIUE | III PAUE 70 UI 34 | |
|---------------------|--------------------------|-------------------|-------------------------------|--|
| Fill in this infor | mation to identify your | case: | | |
| Debtor 1 | Roy L. Wiley | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS, EASTERN DIVISION | |
| Case number | | | | |
| (if known) | | | | |
| | | | | |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| | Person or | r company with Name, Numbe | whom you have the r, Street, City, State and ZIP (| contract or lease | State what the contract or lease is for |
|-----|-----------|-------------------------------|---|-------------------|---|
| 2.1 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | |
| 2.2 | | | | | |
| | Name | | | | |
| | Number | Street | | | |
| | City | | State | ZIP Code | _ |
| 2.3 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | <u> </u> |
| | City | | State | ZIP Code | |
| 2.4 | | | | | |
| | Name | | | | <u> </u> |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | |
| 2.5 | | | | | |
| | Name | | | | |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| | | | | | |

Case 17-03761 Doc 1 Filed 02/09/17 Entered 02/09/17 11:13:59 Desc Main Page 29 of 54 Document Fill in this information to identify your case: Debtor 1 Roy L. Wiley Middle Name Last Name First Name Debtor 2 (Spouse if, filing) First Name Middle Name Last Name United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION Case number (if known) ☐ Check if this is an amended filing Official Form 106H 12/15

Schedule H: Your Codebtors Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question. 1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor. ■ No ☐ Yes 2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.) No. Go to line 3. ☐ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time? 3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2. Column 1: Your codebtor Column 2: The creditor to whom you owe the debt Name, Number, Street, City, State and ZIP Code Check all schedules that apply: 3.1 ☐ Schedule D, line Name ☐ Schedule E/F, line ☐ Schedule G, line Number City ZIP Code State 3.2 ☐ Schedule D, line Name ☐ Schedule E/F. line ☐ Schedule G, line

Official Form 106H Software Copyright (c) 1996-2017 CIN Group - www.cincompass.com

Street

State

Number

City

ZIP Code

Case 17-03761 Doc 1 Filed 02/09/17 Entered 02/09/17 11:13:59 Desc Main Document Page 30 of 54

| Fill | in this information to identify your ca | ase: | | | | |
|--------------------|---|---|---------------------------------------|---|--------------------|--|
| Del | btor 1 Roy L. Wiley | / | | | | |
| | btor 2 buse, if filing) | | | | | |
| Uni | ited States Bankruptcy Court for the: | NORTHERN DISTRIC | CT OF ILLINOIS, | EASTERN | | |
| | se number nown) | | | | | |
| 0 | fficial Form 106I | | | | | D/YYYY |
| S | chedule I: Your Inco | ome | | | | 12/15 |
| sup spo atta | as complete and accurate as possiplying correct information. If you a use. If you are separated and your ch a separate sheet to this form. Court 1: | are married and not filing spouse is not filing with | g jointly, and yo h you, do not in | ur spouse is livin clude information | g with you, inc | clude information about your pouse. If more space is needed, |
| 1. | Fill in your employment information. | | Debtor 1 | | Debte | or 2 or non-filing spouse |
| | If you have more than one job, attach a separate page with | Employment status | ■ Employed | | ■ Er | nployed |
| | information about additional employers. | | ☐ Not employ | | | ot employed |
| | Include part-time, seasonal, or | Occupation | store keepe | | | rator |
| | self-employed work. | Employer's name | UNIVERSIT | OF ILLINOIS | Meti | RO SOUTH MEDICAL CENTER |
| | Occupation may include student o homemaker, if it applies. | r Employer's address | 1740 W Tay Chicago, IL | | PAT | 5 S. GREGORY ST. ATTN: IENT ACCO Island, IL 60406 |
| | | How long employed th | ere? <u>6 y</u> e | ears and 2 mon | ths | 10 years |
| Esti | imate monthly income as of the dass you are separated. | - | ou have nothing to | o report for any line | , write \$0 in the | space. Include your non-filing spouse |
| | ou or your non-filing spouse have more ce, attach a separate sheet to this form | | oine the information | on for all employers | for that person | on the lines below. If you need more |
| | | | | | For Debtor 1 | For Debtor 2 or non-filing spouse |
| 2. | List monthly gross wages, salar deductions). If not paid monthly, ca | | | 2. \$ | 3,813.2 | 2,923.35 |
| 3. | Estimate and list monthly overti | me pay. | | 3. +\$ | 0.0 | 0.00 |
| 4. | Calculate gross Income. Add line | e 2 + line 3. | | 4. \$ | 3,813.24 | \$2,923.35 |

Case 17-03761 Doc 1 Filed 02/09/17 Entered 02/09/17 11:13:59 Desc Main Document Page 31 of 54

| Debt | or 1 | Wiley, Roy L. | | Case r | number (if known) | | | |
|------|----------------|---|------------|--------------|----------------------|------------|----------------|--------------|
| | Сору | y line 4 here | 4. | For I | Debtor 1 3,813.24 | For Debtor | | |
| 5. | List | all payroll deductions: | | | | | | |
| J. | 5a. 5b. | Tax, Medicare, and Social Security deductions Mandatory contributions for retirement plans | 5a. 5b. | \$ | 610.16 | \$ \$ | 505.20 | |
| | 5c. | Voluntary contributions for retirement plans | 5c. | \$ | 0.00 | \$ | 0.00 | |
| | 5d. 5e. | Required repayments of retirement fund loans Insurance | 5d. 5e. | \$ <u></u> _ | 0.00 | \$ | 0.00 | |
| | 5e. 5f. | Domestic support obligations | 5f. | \$ <u></u> | 285.16 0.00 | \$ | 120.45 0.00 | |
| | 5g. | Union dues | 5g. | <u>\$</u> — | 52.04 | \$ | 0.00 | |
| | 5h. | Other deductions. Specify: Surs - Portable | 5h.+ | \$ | | + \$ | 0.00 | |
| | | C9 State Basic AD&D | | \$ | 0.92 | \$ | 0.00 | |
| | | U of I AD&D | | \$ | 0.70 | \$ | 0.00 | |
| 6. | Add | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | \$ | 1,250.78 | \$ | 625.65 | |
| 7. | Calc | ulate total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$ | 2,562.46 | \$2 | ,297.70 | |
| 8. | List 8a. | all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a. | \$ | 0.00 | \$ | 0.00 | |
| | 8b. | Interest and dividends | 8b. | \$ | 0.00 | \$ | 0.00 | |
| | 8c. | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 8c. | \$ | 0.00 | \$ | 0.00 | |
| | 8d. | Unemployment compensation | 8d. | \$ | 0.00 | \$ | 0.00 | |
| | 8e. | Social Security | 8e. | \$ | 0.00 | \$ | 0.00 | |
| | 8f. | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | 8f. | \$ | 0.00 | \$ | 0.00 | |
| | 8g. | Pension or retirement income | 8g. | \$ | 0.00 | \$ | 0.00 | |
| | 8h. | Other monthly income. Specify: | 8h.+ | \$ | 0.00 | + \$ | 0.00 | |
| 9. | Add | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$ | 0.00 | \$ | 0.00 |] |
| 10. | | rulate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. \$ | 2 | + \$_ | 2,297.70 | = \$ | 4,860.16 |
| 11. | Inclu other | e all other regular contributions to the expenses that you list in Schedule de contributions from an unmarried partner, members of your household, your defriends or relatives. ot include any amounts already included in lines 2-10 or amounts that are not avoify: | ependen | | | | +\$ | 0.00 |
| 12. | | the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certain | | | | | | 4,860.16 |
| 13. | Do y ■ | ou expect an increase or decrease within the year after you file this form' No. Yes. Explain: | ? | | | | Combine | ed income |

Official Form 106I Schedule I: Your Income page 2

Case 17-03761 Doc 1 Filed 02/09/17 Entered 02/09/17 11:13:59 Desc Main Document Page 32 of 54

| Fill in this | s information to identify your case: | | | | |
|------------------------------|--|--|-------------------------------|---|--|
| Debtor 1 | Roy L. Wiley | | Check | if this is: | |
| Debtor 2 | | | = | an amended filing | ing postpotition abouter 10 |
| (Spouse, | if filing) | | | expenses as of the f | ing postpetition chapter 13 following date: |
| United Sta | ates Bankruptcy Court for the: NORTHERN DISTRICT OF ILL EASTERN DIVISION | LINOIS, | N | /IM / DD / YYYY | |
| Case num (If known) | | | | | |
| | ial Form 106J | | | | |
| | edule J: Your Expenses | | | | 12/1 |
| information (if know Part 1: | omplete and accurate as possible. If two married people tion. If more space is needed, attach another sheet to thin). Answer every question. Describe Your Household | are filing together, both s form. On the top of a | n are equally ny additiona | responsible for s I pages, write you | supplying correct ir name and case numbe |
| | his a joint case? | | | | |
| | No. Go to line 2. Yes. Does Debtor 2 live in a separate household? | | | | |
| | ☐ No☐ Yes. Debtor 2 must file Official Form 106J-2, Expens | es for Separate Househ | oldof Debtor 2 | 2. | |
| 2. Do | you have dependents? | | | | |
| | not list Debtor 1 and | • | | Dependent's age | Does dependent live with you? |
| Do | not state the | | | | □No |
| dep | pendents names. | child | | | Yes |
| | | child | | | □ No ■ Yes |
| | | Ciliu | | | ■ Yes □ No |
| | | | | | ☐ Yes |
| | | | | | □ No |
| 3. Do | your expenses include | | | | ☐ Yes |
| exp | penses of people other than urself and your dependents? | | | | |
| | Estimate Your Ongoing Monthly Expenses e your expenses as of your bankruptcy filing date unless es as of a date after the bankruptcy is filed. If this is a su ple date. | | | | |
| value of | expenses paid for with non-cash government assistance such assistance and have included it on Schedule I: Yo Form 106I.) | | | Your expe | enses |
| | e rental or home ownership expenses for your residence ments and any rent for the ground or lot. | . Include first mortgage | 4. \$ | | 1,200.00 |
| | ot included in line 4: | | | | |
| | | | 40 ft | | 200.00 |
| 4a. 4b. | Real estate taxes Property, homeowner's, or renter's insurance | | 4a. \$ 4b. \$ | | 300.00 134.00 |
| 4c. | Home maintenance, repair, and upkeep expenses | | 4c. \$ | | 0.00 |
| 4d. | Homeowner's association or condominium dues | | 4d. \$ | | 0.00 |
| 5. Ad | ditional mortgage payments for your residence, such as | home equity loans | 5. \$ | | 0.00 |

Case 17-03761 Doc 1 Filed 02/09/17 Entered 02/09/17 11:13:59 Desc Main Document Page 33 of 54

| Debtor 1 | Wiley, Roy L. | Case number (if kno | own) |
|-----------------|--|---|-------------------------------------|
| 6. Uti l | lities: | | |
| 6. Uti l | | 6a. \$ | 250.00 |
| 6b. | • | 6b. \$ | 45.00 |
| 6c. | | | 225.00 |
| 6d. | | 6d. \$ | 0.00 |
| | od and housekeeping supplies | 7. \$ | 850.00 |
| | ildcare and children's education costs | 8. \$ | |
| | othing, laundry, and dry cleaning | 9. \$ | 0.00 |
| | orning, laundry, and dry cleaning rsonal care products and services | | 200.00 |
| | • | 10. \$ | 200.00 |
| | dical and dental expenses | 11. \$ | 0.00 |
| | ansportation. Include gas, maintenance, bus or train fare. not include car payments. | 12. \$ | 240.00 |
| | tertainment, clubs, recreation, newspapers, magazines, a | | 0.00 |
| | aritable contributions and religious donations | 14. \$ | 0.00 |
| | surance. | 14. ψ | 0.00 |
| | not include insurance deducted from your pay or included in | lines 4 or 20 | |
| | a. Life insurance | 15a. \$ | 310.00 |
| | b. Health insurance | 15b. \$ | 0.00 |
| | c. Vehicle insurance | 15c. \$ | 448.00 |
| | | 15d. \$ | |
| | d. Other insurance. Specify: | | 0.00 |
| | xes. Do not include taxes deducted from your pay or included ecify: | 16. \$ | 0.00 |
| | stallment or lease payments: | | 0.00 |
| | a. Car payments for Vehicle 1 | 17a. \$ | 0.00 |
| 17b | o. Car payments for Vehicle 2 | 17b. \$ | 0.00 |
| 17c | c. Other. Specify: | 17c. \$ | 0.00 |
| 170 | d. Other. Specify: | 17d. \$ | 0.00 |
| | ur payments of alimony, maintenance, and support that y | | 0.00 |
| | ducted from your pay on line 5, Schedule I, Your Income | | 0.00 |
| | her payments you make to support others who do not live | <u> </u> | 0.00 |
| | ecify: | 19. | |
| | her real property expenses not included in lines 4 or 5 of | | |
| | a. Mortgages on other property | 20a. \$ | 0.00 |
| | o. Real estate taxes | 20b. \$ | 0.00 |
| | c. Property, homeowner's, or renter's insurance | 20c. \$ | 0.00 |
| | d. Maintenance, repair, and upkeep expenses | 20d. \$ | 0.00 |
| 20€ | e. Homeowner's association or condominium dues | 20e. \$ | 0.00 |
| 1. Oth | her: Specify: | 21. +\$ | 0.00 |
| 2. Cal | Iculate your monthly expenses | | |
| | a. Add lines 4 through 21. | \$ | 4,402.00 |
| | b. Copy line 22 (monthly expenses for Debtor 2), if any, from | | 4,402.00 |
| | | | 4 400 00 |
| 220 | c. Add line 22a and 22b. The result is your monthly expenses. | _ \$ | 4,402.00 |
| | lculate your monthly net income. | | |
| | a. Copy line 12 (your combined monthly income) from Sched | | 4,860.16 |
| 23b | b. Copy your monthly expenses from line 22c above. | 23b\$ | 4,402.00 |
| | O March and a control of the control | | |
| 230 | Subtract your monthly expenses from your monthly income The result is your monthly net income. | 23c. \$ | 458.16 |
| | The result is your <i>monuny net income</i> . | 200. [4 | |
| | you expect an increase or decrease in your expenses wi | | |
| | example, do you expect to finish paying for your car loan within the | ear or do you expect your mortgage payment to | o increase or decrease because of a |
| | dification to the terms of your mortgage? | | |
| | No. | | |
| | Yes. Explain here: | | |

| | | | | | _ |
|-------------------------|--|-----------------------------|---------------------------|----------------------------|---------------------------------------|
| Fill in th | is information to identify y | our case: | | THE STATE | * |
| Debtor 1 | Roy L. Wiley | | | | |
| | First Name | Middle Name | Last Name | | } |
| Debtor 2 (Spouse if, | the same of the sa | Middle Name | Last Name | | 1 |
| United S | tates Bankruptcy Court for th | ne: NORTHERN DISTRI | CT OF ILLINOIS, EASTE | RN DIVISION | |
| OTINGO O | tates bankruptey court for th | TOTAL PROPERTY | OT OF ILLINOID, ENOTE | THE DIVIOLOTY | |
| Case nui | mber | | | | Charlett Mile in an |
| (II KITOWITY | | | | | Check if this is an amended filing |
| | | 2 | | | |
| | | | | | |
| | l Form 106Dec | | | Care Auto 199 1901 | |
| Decl | aration Abou | t an Individu | al Debtor's 🤄 | Schedules | 12/15 |
| | | | | | |
| If two ma | rried people are filing toge | ther, both are equally resp | onsible for supplying co | orrect information. | |
| | | | | | ement, concealing property, or |
| | money or property by framboth. 18 U.S.C. §§ 152, 134 | | nkruptcy case can resul | t in fines up to \$250,00 | 00, or imprisonment for up to 20 |
| ,, | 10 0.0.0.33 102, 10 | ., | | | |
| | | | | | |
| | Sign Below | | | | |
| Did | you pay or agree to pay so | omeone who is NOT an att | ornev to help you fill ou | t bankruptcy forms? | |
| | , | | omey to neip you im ou | t bank aptoy formo. | |
| 7 | No | | | | |
| | Yes. Name of person | | | Attach Ba | ankruptcy Petition Preparer's Notice, |
| | | | | Declaration | on, and Signature (Official Form 119) |
| | | | | | |
| | er penalty of perjury, I decl | are that I have read the su | mmary and schedules f | iled with this declaration | on and |
| that | they are true and correct. | () | | | |
| (x)_ | hm di N | ilan XI. | x | | |
| | Roy L. Wiley Signature of Debtor 1 | 0 | Signature | e of Debtor 2 | |
| | oignature of Debtor 1 | | | | |
| | Date February 8, 2017 | | Date | | |

Case 17-03761 Doc 1 Filed 02/09/17 Entered 02/09/17 11:13:59 Desc Main Document Page 35 of 54

| Debtor 1 Roy L. Wiley First Name Middle Name Last Name Debtor 2 (Spouse if, filing) United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION Case number (If known) Check if this is an amended filing Official Form 107 Statement of Financial Affairs for Individuals Filing for Bankruptcy 4/16 Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Give Details About Your Marital Status and Where You Lived Before 1. What is your current marital status? Married Not married 2. During the last 3 years, have you lived anywhere other than where you live now? |
|--|
| Debtor 2 (Spouse if, filing) First Name Middle Name Last |
| Debtor 2 (Spouse if, filing) First Name Middle Name Last Name United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION Case number (If known) Check if this is an amended filing Official Form 107 Statement of Financial Affairs for Individuals Filing for Bankruptcy 4/16 Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Give Details About Your Marital Status and Where You Lived Before Married Not married |
| Check if this is an amended filling |
| Case number ((if known)) Official Form 107 Statement of Financial Affairs for Individuals Filing for Bankruptcy 4/16 Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Give Details About Your Marital Status and Where You Lived Before 1. What is your current marital status? Married Not married |
| Official Form 107 Statement of Financial Affairs for Individuals Filing for Bankruptcy 4/16 Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Give Details About Your Marital Status and Where You Lived Before 1. What is your current marital status? Married Not married |
| Official Form 107 Statement of Financial Affairs for Individuals Filing for Bankruptcy 4/16 Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Give Details About Your Marital Status and Where You Lived Before 1. What is your current marital status? Married Not married |
| Official Form 107 Statement of Financial Affairs for Individuals Filing for Bankruptcy 4/16 Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Give Details About Your Marital Status and Where You Lived Before 1. What is your current marital status? Married Not married |
| Statement of Financial Affairs for Individuals Filing for Bankruptcy Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Give Details About Your Marital Status and Where You Lived Before 1. What is your current marital status? Married Not married |
| Statement of Financial Affairs for Individuals Filing for Bankruptcy Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Give Details About Your Marital Status and Where You Lived Before 1. What is your current marital status? Married Not married |
| Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Give Details About Your Marital Status and Where You Lived Before 1. What is your current marital status? Married Not married |
| information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Give Details About Your Marital Status and Where You Lived Before 1. What is your current marital status? Married Not married |
| Part 1: Give Details About Your Marital Status and Where You Lived Before 1. What is your current marital status? Married Not married |
| 1. What is your current marital status? Married Not married |
| ■ Married □ Not married |
| □ Not married |
| |
| 2. During the last 3 years, have you lived anywhere other than where you live now? |
| |
| ■ No |
| Yes. List all of the places you lived in the last 3 years. Do not include where you live now. |
| Debtor 1 Prior Address: Dates Debtor 1 lived Debtor 2 Prior Address: Dates Debtor 2 lived there |
| |
| 3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.) |
| ■ No. |
| ■ No □ Yes. Make sure you fill out <i>Schedule H: Your Codebtors</i> (Official Form 106H). |
| The state of the s |
| Part 2 Explain the Sources of Your Income |
| 4. Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. |
| □ No |
| Yes. Fill in the details. |
| |
| Debtor 1 Debtor 2 Sources of income Gross income Sources of income Gross income |
| Sources of income Gross income Sources of income Gross income Check all that apply. (before deductions and exclusions) Check all that apply. (before deductions and exclusions) |
| For last calendar year: (January 1 to December 31, 2016) Wages, commissions, bonuses, tips Wages, commissions, bonuses, tips |
| ☐ Operating a business ☐ Operating a business |

Case 17-03761 Doc 1 Filed 02/09/17 Entered 02/09/17 11:13:59 Desc Main Document Page 36 of 54

| υe | DTOF 1 _ | Wiley, Ro | oy L. | | Cas | e mumbel (if known) | |
|--|--|--|---|---|--|---|--|
| | | | | | | | |
| | | | , | Debtor 1 | • | Debtor 2 | |
| | | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| For the calendar year before that: (January 1 to December 31, 2015) | | | | ■ Wages, commissions, bonuses, tips | \$33,404.00 | ☐ Wages, commissions, bonuses, tips | |
| | | | | Operating a business | | ☐ Operating a business | |
| 5. | Include other pu you are | income requiblic benefi filing a join | gardless of wheth t payments; pens t case and you h | ne during this year or the two ner that income is taxable. Examp sions; rental income; interest; div ave income that you received too ome from each source separately | ples of other income are alim idends; money collected from gether, list it only once under l | lawsuits; royalties; and gaml Debtor 1. | curity, unemployment, and bling and lottery winnings. If |
| | - | | | | | | |
| | ■ No |) es. Fill in th | e details. | | | | |
| | | | | . | | | |
| | | | | Debtor 1 Sources of income Describe below. | Gross income from each source (before deductions and exclusions) | Debtor 2 Sources of income Describe below. | Gross income (before deductions and exclusions) |
| Рa | rt 3: L | ist Certair | n Payments Yo | u Made Before You Filed for B | ankruptcy | | |
| i. | Are either Debtor 1's or Debtor 2's debts primarily consumer debts? No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425* or more? No. Go to line 7. | | | | | | |
| | | | | | - 1-1-1 -5 00 1054 '- | | |
| | | | creditor. E payments | each creditor to whom you paid to not include payments for don to an attorney for this bankruptor to n 4/01/19 and every 3 years a | nestic support obligations, su y case. | ich as child support and alim | |
| | Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? | | | | | | |
| | | ■ N | o. Go to line | 7 | | | |
| | | □ _Y | es List below payments | each creditor to whom you paid for domestic support obligations uptcy case. | a total of \$600 or more and th , such as child support and a | ne total amount you paid that olimony. Also, do not include p | creditor. Do not include ayments to an attorney for |
| | Credite | or's Name | and Address | Dates of payme | nt Total amount paid | Amount you Was thi | is payment for |
| 7. | Insiders which yo | include yo ou are an o | our relatives; any officer, director, p | r bankruptcy, did you make a general partners; relatives of any erson in control, or owner of 20% prietor. 11 U.S.C. § 101. Include | general partners; partnership or more of their voting secu | os of which you are a general rities; and any managing age | partner; corporations of nt, including one for a |
| | ■ No |) | | | | | |
| | ☐ Ye | s. List all p | ayments to an in | sider. | | | |
| | inside | r's Name a | and Address | Dates of payme | nt. Total amount paid | Amount you Reason still owe | for this payment |
| ١. | Within ' | 1 year bef | ore you filed fo | r bankruptcy, did you make a | ny payments or transfer an | y property on account of a | debt that benefited an |

Official Form 107

Case 17-03761 Doc 1 Filed 02/09/17 Entered 02/09/17 11:13:59 Desc Main Document Page 37 of 54

| De | btor 1 | Wiley, Roy L. | Case number(if known) | | | | |
|-----|--|---|---------------------------|------------------------|--------------------------------|---------------------------------------|----------------------|
| | | | | | | | |
| | inside | er? | | | | | |
| | Includ | de payments on debts guaranteed or cosig | ned by an insider. | | | | • |
| | ■ . I | No · | | | | | |
| | | Yes. List all payments to an insider | | | | | |
| | Insid | der's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for this Include creditor's | |
| Pa | rt 4: | Identify Legal Actions, Repossession | s, and Foreclosures | | | | |
| 9. | List al | in 1 year before you filed for bankrupto Il such matters, including personal injury contract disputes. | | | | | dy modifications |
| | | No. | | | | | |
| | | Yes. Fill in the details. | | | | | |
| | | e title e number | Nature of the case | Court or agency | | Status of the ca | se |
| 10. | | n 1 year before you filed for bankruptc k all that apply and fill in the details below | | erty repossessed, for | reclosed, garnishe | d, attached, seize | ed, or levied? |
| | | No. Go to line 11. | | | | | |
| | | Yes. Fill in the information below. | | | | | |
| | Cred | litor Name and Address | Describe the Property | | Date | | Value of the propert |
| | | | Explain what happene | d | | | • • • |
| 11. | Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? | | | | | | |
| | _ | No . | · | | • | | |
| | | Yes. Fill in the details. | | | | | |
| | Cred | litor Name and Address | Describe the action the | e creditor took | Date a taken | ction was | Amour |
| 12. | | in 1 year before you filed for bankruptc -appointed receiver, a custodian, or an | | erty in the possessio | n of an assign ee f | or the benefit of o | creditors, a |
| | | No | | | | | |
| | | Yes | | | | | |
| Pa | rt 5: | List Certain Gifts and Contributions | | | | | |
| 13. | Withi | n 2 years before you filed for bankrupt | cy, did you give any gift | s with a total value o | f more than \$600 j | per person? | |
| | | No | | | | · | |
| | | Yes. Fill in the details for each gift. | | | | | |
| | Gifts pers | s with a total value of more than \$600 p | er Describe the gifts | • | Dates the git | you gave fts | Valu |
| | | on to Whom You Gave the Gift and ress: | | | | | |
| 14. | _ | in 2 years before you filed for bankrupt No | cy, did you give any gift | s or contributions w | ith a total value of | more than \$600 t | o any charity? |
| | | Yes. Fill in the details for each gift or contr | ibution. | | | | |
| | Gifts | s or contributions to charities that tota e than \$600 rity's Name | | u contributed | Dates contri | • | Valu |
| | | ress (Number, Street, City, State and ZIP Code) | | `. | | | |
| Pa | rt 6: | List Certain Losses | | | | | |

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster,

Case 17-03761 Doc 1 Filed 02/09/17 Entered 02/09/17 11:13:59 Desc Main Document Page 38 of 54

| Debte | or 1 Wiley, Roy L. | Case n | umber (if known) | | | |
|---------------|--|--|--|---------------------------|--|--|
| | or gambling? | | | | | |
| _ | | | | | | |
| _ | No | | | | | |
| | Yes. Fill in the details. | | | | | |
| | Describe the property you lost and how the loss occurred | Describe any insurance coverage for the loss | Date of your loss | Value of property lost | | |
| | , | Include the amount that insurance has paid. List pen insurance claims on line 33 of Schedule A/B: Propert | aing | | | |
| Part 1 | 7: List Certain Payments or Transfe | rs | | | | |
| C | onsulted about seeking bankruptcy or | ruptcy, did you or anyone else acting on your behalf · preparing a bankruptcy petition? preparers, or credit counseling agencies for services requ | | y to anyone you | | |
| _ | □ No | | | • | | |
| | Yes. Fill in the details. | | | | | |
| | Person Who Was Paid | Description and value of any property | Date payment or | Amount of | | |
| - | Address | transferred | transfer was | payment | | |
| | Email or website address Person Who Made the Payment, if Not | You | made | | | |
| I | Heller & Richmond, Ltd. 33 N Dearborn St Ste 1907 | 0.00 | 02/08/17 | \$380.00 | | |
| | Chicago, IL 60602-3828 | | | | | |
| P | promised to help you deal with your cre Do not include any payment or transfer that No | ruptcy, did you or anyone else acting on your behalf editors or to make payments to your creditors? t you listed on line 16. | pay or transfer any propert | y to anyone who | | |
| _ | 100.1 | Paradella and only of any or and | | | | |
| | Person Who Was Paid Address | Description and value of any property transferred | Date payment or transfer was made | Amount of payment | | |
| tı İr 9 | ransferred in the ordinary course of youngled both outright transfers and transfer iffts and transfers that you have already list. No | s made as security (such as the granting of a security int | • | | | |
| L | Yes. Fill in the details. | | | | | |
| | Person Who Received Transfer Address | property transferred pay | scribe any property or ments received or debts d in exchange | Date transfer was made | | |
| 1 | Person's relationship to you | F | a m ononango | | | |
| | Nithin 10 years before you filed for ban beneficiary? (These are often called asse | akruptcy, did you transfer any property to a self-sett to- | led trust or similar device of | f which you are a | | |
| 1 | ■ No | | | | | |
| Ē | Yes. Fill in the details. | | | | | |
| ١ | Name of trust | Description and value of the property tra | insferred | Date Transfer was made | | |

Case 17-03761 Doc 1 Filed 02/09/17 Entered 02/09/17 11:13:59 Desc Main Document Page 39 of 54

| Deb | tor 1 | Wiley, Roy L. | | | Case nun | nber (if known) | |
|------|--|--|--|----------------------------------|-------------|---|--|
| | | | | | | | |
| Par | t 8: | List of Certain Financial Accounts, Ins | struments, Safe Depos | t Boxes, and Sto | rage Units | | |
| | Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. | | | | | | |
| | | No | | | | | |
| | □ No: | Yes. Fill in the details. | Loot 4 digito of | Tune of some | unt or | Date account was | Last balance before |
| | | ne of Financial Institution and dress (Number, Street, City, State and ZIP e) | Last 4 digits of account number | Type of acco | ount or | closed, sold, moved, or transferred | Last balance before closing or transfer |
| 21. | | ou now have, or did you have within 1 yn, or other valuables? | year before you filed fo | r bankruptcy, ar | ıy safe dep | osit box or other depos | sitory for securitles, |
| | | No | | | | | |
| | | Yes. Fill in the details. | | | | | |
| | | me of Financial Institution dress (Number, Street, City, State and ZIP Code) | Who else had a Address (Number and ZIP Code) | | Describe | the contents | Do you still have it? |
| 22. | Have | e you stored property in a storage unit o | or place other than you | r home within 1 | year before | you filed for bankrupt | cy? |
| | _ | No | | | | | |
| | _ | Yes. Fill in the details. | | • | | | |
| | | me of Storage Facility dress (Number, Street, City, State and ZIP Code) | Who else has of to it? Address (Number | | Describe | the contents | Do you still have it? |
| _ | | | and ZIP Code) | | | | |
| Par | 9: | Identify Property You Hold or Control | tor Someone Eise | | | | ···························· |
| | • | rou hold or control any property that so seone. | meone else owns? Inc | lude any propert | y you borr | owed from, are storing | for, or hold in trust for |
| | | No | | | | | |
| | | Yes. Fill in the details. | | | | | |
| | | ner's Name dress (Number, Street, City, State and ZIP Code) | Where is the pro (Number, Street, City Code) | | Describe | the property | Value |
| Pan | 10: | Give Details About Environmental Info | ormation | | | | |
| or t | he p | urpose of Part 10, the following definition | ons apply: | | | | |
| | toxi | ironmental law means any federal, state c substances, wastes, or material into th trolling the cleanup of these substances | ne air, land, soil, surfac | | | | |
| | Site | means any location, facility, or property , operate, or utilize it, including disposa | y as defined under any | environmental la | aw, whethe | r you now own, operate | e, or utilize it or used to |
| • | | ardous material means anything an enverial, pollutant, contaminant, or similar t | | as a hazardous | waste, haz | ardous substance, toxi | c substance, hazardous |
| Repo | ort al | Il notices, releases, and proceedings tha | at you know about, reg | ardless of when | they occur | red. | |
| 24. | Has | any governmental unit notified you that | t you may be liable or p | otentially liable | under or in | violation of an enviror | nmental law? |
| | | No | | | | | |
| | | Yes. Fill in the details. | | | | | |
| | | me of site dress (Number, Street, City, State and ZIP Code) | Governmental u Address (Number ZIP Code) | init , Street, City, State an | | onmental law, if you it | Date of notice |

Case 17-03761 Doc 1 Filed 02/09/17 Entered 02/09/17 11:13:59 Desc Main Document Page 40 of 54

| Del | otor 1 | Wiley, Roy L. | | Case number(if known) | | | | |
|---------------------|---|--|--|--|----------------|--|--|--|
| | | | | | | | | |
| 25. | Have | ave you notified any governmental unit of any release of hazardous material? | | | | | | |
| | _ | No | | | | | | |
| | | Yes. Fill in the details. | | U- CONTRACTOR OF THE CONTRACTOR AND CONTRACTOR OF THE CONTRACTOR O | | | | |
| | | ee of site ress (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice | | | |
| 26. | Have | you been a party in any judicial or admir | nistrative proceeding under any enviro | nmental law? Include settlements and | l orders. | | | |
| | _ | No Yes. Fill in the details. | | | | | | |
| | | e Title | Court or agency | Nature of the case | Status of the | | | |
| | Cas | e Number | Name Address (Number, Street, City, State and ZIP Code) | | case | | | |
| Pai | t 11: | Give Details About Your Business or Co | onnections to Any Business | | | | | |
| 27. | Withi | in 4 years before you filed for bankruptcy | , did you own a business or have any | of the following connections to any b | usiness? | | | |
| | | A sole proprietor or self-employed in a | a trade, profession, or other activity, e | ither full-time or part-time | | | | |
| | | ☐ A member of a limited liability compar | ny (LLC) or limited liability partnership | (LLP) | | | | |
| | | ☐ A partner in a partnership | | | | | | |
| | | ☐ An officer, director, or managing exec | utive of a corporation | | | | | |
| | ☐ An owner of at least 5% of the voting or equity securities of a corporation | | | | | | | |
| | | No. None of the above applies. Go to Part 12. | | | | | | |
| | | Yes. Check all that apply above and fill in the details below for each business. | | | | | | |
| | Business Name Address | | Describe the nature of the business | Employer Identification number Do not include Social Security number or ITIN. | | | | |
| | | | Name of accountant or bookkeeper | Dates business existed | umber of ITIN. | | | |
| 28. | | in 2 years before you filed for bankruptcy utions, creditors, or other parties. | r, did you give a financial statement to | anyone about your business? Include | all financial | | | |
| | | No | | | | | | |
| | | Yes. Fill in the details below. | | | | | | |
| | Name Date Issued | | | | | | | |
| | | ress ber, Street, City, State and ZIP Code) | | | | | | |
| Pa | rt 12: | Sign Below | | | | | | |
| true ban 18 U | and c krupto J.S.C. | | statement, concealing property, or obt | aining money or property by fraud in | | | | |
| Sig | natur | e of Debtor 1 | | | | | | |
| Da | te <u>F</u> | ebruary 8, 2017 | Date | | | | | |
| Did III | No | ttach additional pages to <i>Your Statement</i> | of Financial Affairs for Individuals Fili | ing for Bankruptcy (Official Form 107) | ? | | | |
| Did | • | ay or agree to pay someone who is not a | n attorney to help you fill out bankrup | tcy forms? | | | | |
| | es. N | ame of Person Attach the Bankrupto | cy Petition Preparer's Notice, Declaration, | and Signature (Official Form 119). | | | | |
| Offic | ial Forr | n 107 Statemen | nt of Financial Affairs for Individuals Filing | for Bankruptcy | page 6 | | | |

Case 17-03761 Doc 1 Filed 02/09/17 Entered 02/09/17 11:13:59 Desc Main Document Page 41 of 54

B2030 (Form 2030) (12/15)

United States Bankruptcy Court Northern District of Illinois, Eastern Division

| In re | Wiley, Roy L. | | Case No. | | |
|--------|--|--|-------------------------|---------------------------------------|--------------|
| | | Debtor(s) | Chapter | 13 | |
| | DISCLOSURE OF COMP | ENSATION OF ATT | ORNEY FOR D | EBTOR | |
| С | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 20 compensation paid to me within one year before the file rendered on behalf of the debtor(s) in contemplation | ing of the petition in bankrupto | y, or agreed to be paid | d to me, for services re | |
| | For legal services, I have agreed to accept | | \$ <u></u> | 4,000.00 | |
| | Prior to the filing of this statement I have received | | | 380.00 | |
| | Balance Due | | \$ | 3,620.00 | |
| 2. 1 | The source of the compensation paid to me was: | | | | |
| | ■ Debtor □ Other (specify): | | | | |
| 3. Т | The source of compensation to be paid to me is: | | | | |
| | ■ Debtor □ Other (specify): | | | | |
| 4. I | ■ I have not agreed to share the above-disclosed comfirm. | ppensation with any other perso | on unless they are men | nbers and associates of | f my law |
| I | ☐ I have agreed to share the above-disclosed compen copy of the agreement, together with a list of the name of the agreement. | | | | aw firm. A |
| 5. 1 | In return for the above-disclosed fee, I have agreed to | render legal service for all aspe | ects of the bankruptcy | case, including: | |
| b c | a. Analysis of the debtor's financial situation, and rend b. Preparation and filing of any petition, schedules, sta c. Representation of the debtor at the meeting of credi d. [Other provisions as needed] | atement of affairs and plan which | ch may be required; | - | ruptcy; |
| 6. E | By agreement with the debtor(s), the above-disclosed f | ee does not include the followi | ng service: | | |
| | | CERTIFICATION | | | |
| | certify that the foregoing is a complete statement of a ankruptcy proceeding. | ny agreement or arrangement f | For payment to me for | representation of the d | lebtor(s) in |
| Fe | ebruary 9, 2017 | | | | |
| Do | ate | Michael R. Richi Signature of Attorn Heller & Richmo | ney | | |
| | | mrichmond@he | | 2 | |
| | | Name of law firm | | · · · · · · · · · · · · · · · · · · · | = |

Case 17-03761 Doc 1 Filed 02/09/17 Entered 02/09/17 11:13:59 Desc Main Document Page 42 of 54

B2030 (Form 2030) (12/15)

United States Bankruptcy Court Northern District of Illinois, Eastern Division

| In re | Wiley, Roy L. | | Case No. | | |
|--------|--|--|-----------------|-------------------------|--------------|
| | | Debtor(s) | Chapter | 13 | |
| | DISCLOSURE OF COMPENSA | TION OF ATTORNE | Y FOR D | EBTOR | |
| C | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I compensation paid to me within one year before the filing of the per rendered on behalf of the debtor(s) in contemplation of or in the second se | e petition in bankruptcy, or agi | reed to be paid | d to me, for services r | |
| | For legal services, I have agreed to accept | | \$ | 4,000.00 | |
| | Prior to the filing of this statement I have received | | \$ | 380.00 | |
| | Balance Due | | \$ | 3,620.00 | |
| 2. 1 | The source of the compensation paid to me was: | | | | |
| | ■ Debtor □ Other (specify): | | | | |
| 3. 1 | The source of compensation to be paid to me is: | | | | |
| | ■ Debtor □ Other (specify): | | | | |
| | = Bestor = Other (specify). | | | | |
| 4. | I have not agreed to share the above-disclosed compensation firm. | n with any other person unless | they are men | nbers and associates of | of my law |
| 1 | ☐ I have agreed to share the above-disclosed compensation wi copy of the agreement, together with a list of the names of the | | | | law firm. A |
| 5. | In return for the above-disclosed fee, I have agreed to render leg | gal service for all aspects of th | e bankruptcy | case, including: | |
| b c | a. Analysis of the debtor's financial situation, and rendering add b. Preparation and filing of any petition, schedules, statement of c. Representation of the debtor at the meeting of creditors and definition. [Other provisions as needed] | f affairs and plan which may | oe required; | 65. | cruptey; |
| 6. I | By agreement with the debtor(s), the above-disclosed fee does n | ot include the following servi | ce: | | |
| | CERT | ΓΙΓΙCATION | | | |
| | certify that the foregoing is a complete statement of any agreer ankruptcy proceeding. | ment or arrangement for paym | ent to me for | representation of the | debtor(s) in |
| F | ebruary 9, 2017 | /s/ Michael R. Richmon | d | | |
| D | ate | Michael R. Richmond | | | |
| | | Signature of Attorney Heller & Richmond, Ltd | l. | | |
| | | 33 N Dearborn St Ste 1 | 907 | | |
| | | Chicago, IL 60602-3828 | | | |
| | | (312) 781-6700 Fax: (3 | | 2 | |
| | | Name of law firm | mona.com | | _ |
| | | oj ian jiim | | | |

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

(Court-Approved Retention Agreement, Revised as of 4/20/15)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure, but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved this agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys, including how their attorneys will be paid for their services in the Chapter 13 case. By signing this agreement, debtors and their attorneys accept these responsibilities.

The Bankruptcy Code may require a debtor's attorney to provide the debtor with certain documents and agreements at the start of the representation. The terms of this court-approved agreement take the place of any conflicting provision in an earlier agreement. This agreement cannot be modified in any way by other agreements. Any provision of another agreement between the debtors and the attorney that conflicts with this agreement is void.

A. BEFORE THE CASE IS FILED

THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

THE ATTORNEY AGREES TO:

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule, and explain how and when the attorney's fees and the trustee's fees are determined and paid.

- 3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.
- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.
- 6. Advise the debtor of the need to maintain appropriate insurance.

B. AFTER THE CASE IS FILED

THE DEBTOR AGREES TO:

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly, or, if required payments cannot be made, to notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and when the case is called for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce.)
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property, and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

THE ATTORNEY AGREES TO:

1. Advise the debtor of the requirement to attend the meeting of creditors, and notify the debtor of the date, time, and place of the meeting.

- 2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.
- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor in advance, the role and identity of the other attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.
- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default, or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Provide any other legal services necessary for the administration of the case.

C. TERMINATION OR CONVERSION OF THE CASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
- 3. If the case is converted to a case under chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the chapter 7 case for any unpaid fees and expenses, pursuant to section 726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.

D. RETAINERS AND PREVIOUS PAYMENTS

- 1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.
- The attorney seeks to have the retainer received by the attorney treated as an advance payment retainer, which allows the attorney to take the retainer into income immediately. The attorney hereby provides the following further information and representations:
- (a) The special purpose for the advance payment retainer and why it is advantageous to the debtor is as follows:
 - preparation of petition and related schedules
- (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account;
- (c) The retainer is a flat fee for the services to be rendered during the chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor;

- (d) Any portion of the retainer that is not earned or required for expenses will be refunded to the client; and
- (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the chapter 13 case, the fact that the great majority of services for such case are performed prior to its filing, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing.

E. CONDUCT AND DISCHARGE

- 1. Improper conduct by the attorney. If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 2. Improper conduct by the debtor. If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 3. Discharge of the attorney. The debtor may discharge the attorney at any time.

F. ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES AND EXPENSES

- 1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat fee of \$400.00
- 2. In addition, the debtor will pay the filing fee required in the case of \$ 310.00
- Before signing this agreement, the attorney has received, \$ 380.00 toward the flat fee, leaving a balance due of \$ 3620.00 ; and \$ 310.00 for expenses, leaving a balance due for the filing fee of \$0

4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

Date: February 8, 2017

Signed:

Debtor(s)

Attorney for the Debtor(s)

Do not sign this agreement if the amounts are blank.

Case 17-03761 Doc 1 Filed 02/09/17 Entered 02/09/17 11:13:59 Desc Main Document Page 49 of 54

United States Bankruptcy Court Northern District of Illinois, Eastern Division

| IN RE: | Case No |
|--------------------------------|--|
| Wiley, Roy L. | Chapter 13 |
| Debtor(s) | |
| VERIFICAT | ION OF CREDITOR MATRIX |
| | Number of Creditors21 |
| Date: February 8, 2017 Debtor | list of creditors is true and correct to the best of my (our) knowledge. |
| Joint Debtor | |

Alliance One 4850 E Street Rd Ste 300 Trevose, PA 19053-6643

Capital One PO Box 5253 Carol Stream, IL 60197-5253

Capital One Attn: General Correspondence/Bankruptcy PO Box 30285 Salt Lake City, UT 84130-0285

Capital One Bank USA N 15000 Capital One Dr Richmond, VA 23238-1119

Chase Card
PO Box 15298
Wilmington, DE 19850-5298

Chase Card
Attn: Correspondence
PO Box 15298
Wilmington, DE 19850-5298

CITIBANK, NA PO Box 6243 Sioux Falls, SD 57117-6243 COOK COUNTY Clerk's Office Real Estate & Tax Services 118 N Clark St Ste 434 Chicago, IL 60602-1413

Cook County Treasurer 118 N Clark St # 112 Chicago, IL 60602-1332

Credit First N A 6275 Eastland Rd Brook Park, OH 44142-1301

Credit First National Assoc Attn: BK Credit Operations PO Box 81315 Cleveland, OH 44181-0315

Fed Loan Serv PO Box 60610 Harrisburg, PA 17106-0610

Fed Loan Servicing PO Box 69184 Harrisburg, PA 17106-9184

South Division Credit 9122 S Kedzie Ave Evergreen Park, IL 60805-1605 Syncb/Care Credit C/o PO Box 965036 Orlando, FL 32896-5036

Synchrony Bank/Care Credit Attn: Bankruptcy PO Box 956060 Orlando, FL 32896-5060

Target C/O Financial & Retail Srvs Mailstopn BT PO Box 9475 Minneapolis, MN 55440-9475

Td Bank USA/Targetcred PO Box 673 Minneapolis, MN 55440-0673

U of I Community Cu 2201 S 1st St Champaign, IL 61820-7402

U of I Community Cu PO Box 500 Champaign, IL 61824-0500

Usaa Savings Bank PO Box 47504 San Antonio, TX 78265-7504

Case 17-03761

Doc 1

Filed 02/09/17 Document

Entered 02/09/17 11:13:59 Page 53 of 54

Signature of Joint Debtor (if any)

Desc Main

Date

B201B (Form 201B) (12/09)

United States Bankruptcy Court Northern District of Illinois, Eastern Division

| IN RE: | Case No. |
|---|--|
| Wiley, Roy L. | Chapter 13 |
| Debtor(s) | |
| | CE TO CONSUMER DEBTOR(S) HE BANKRUPTCY CODE |
| Certificate of [Non-Attorney | Bankruptcy Petition Preparer |
| I, the [non-attorney] bankruptcy petition preparer signing the debt notice, as required by § 342(b) of the Bankruptcy Code. | or's petition, hereby certify that I delivered to the debtor the attached |
| Printed Name and title, if any, of Bankruptcy Petition Preparer Address: | Social Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person, or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.) |
| X | |
| Signature of Bankruptcy Petition Preparer of officer, principal, repartner whose Social Security number is provided above. | sponsible person, or |
| Certificate | of the Debtor |
| I (We), the debtor(s), affirm that I (we) have received and read the | e attached notice, as required by § 342(b) of the Bankruptcy Code. |
| Wiley, Roy L. | (x 7) (x 2) (1) (1) (x 2) (x 2) (2) (2) (2) (1) |
| Printed Name(s) of Debtor(s) | Signature of Debtor Date |
| Case No. (if known) | x |

Instructions: Attach a copy of Form B 201A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) only if the certification has NOT been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

© 2017 CINgroup 1.866.218.1003 - CINcompass (www.cincompass.com)

 $_{B201B\;(Form\;2018)}Case_{2/09}7\text{-}03761$

Doc 1 Filed 02/09/17

Entered 02/09/17 11:13:59

Signature of Joint Debtor (if any)

Desc Main

Date

Document Page 54 of 54 United States Bankruptcy Court

Northern District of Illinois, Eastern Division

| IN RE: | | Case No |
|---------------|-----------|------------|
| Wiley, Roy L. | | Chapter 13 |
| | Debtor(s) | • |

| | N OF NOTICE TO CONS 342(b) OF THE BANKRU | · · |
|--|---|--|
| Certificate of [N | Non-Attorney] Bankruptcy | Petition Preparer |
| I, the [non-attorney] bankruptcy petition preparer s notice, as required by § 342(b) of the Bankruptcy (| | reby certify that I delivered to the debtor the attached |
| Printed Name and title, if any, of Bankruptcy Petiti | ion Preparer | Social Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person, or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.) |
| X | | |
| Signature of Bankruptcy Petition Preparer of office partner whose Social Security number is provided | | n, or |
| | Certificate of the Debto | r |
| I (We), the debtor(s), affirm that I (we) have receive | ved and read the attached notice | e, as required by § 342(b) of the Bankruptcy Code. |
| Wiley, Roy L. | x | 2/09/2017 |
| Printed Name(s) of Debtor(s) | Signature | of Debtor Date |
| Case No. (if known) | x | |

Instructions: Attach a copy of Form B 201A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) only if the certification has NOT been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

© 2017 CINgroup 1.866.218.1003 - CINcompass (www.cincompass.com)